

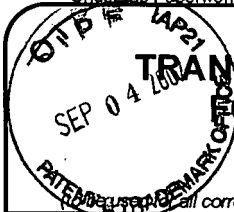
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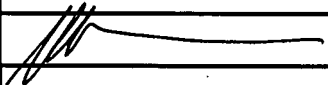
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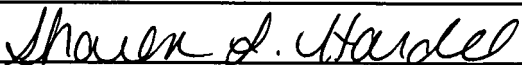
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 <p>TRANSMITTAL FORM</p> <p>Use this form for all correspondence after initial filing)</p>	Application Number	10/722,922	
	Filing Date	November 26, 2003	
	First Named Inventor	Robert Gaylord	
	Art Unit	3636	
	Examiner Name	BROWN, PETER R.	
Total Number of Pages in This Submission	3	Attorney Docket Number	036878.0011

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Williams Mullen		
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Printed name	M. Bruce Harper		
Date	August 29, 2007	Reg. No.	43,659

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/722,922
Filing Date	November 26, 2003
First Named Inventor	Robert Gaylord
Art Unit	3636
Examiner Name	BROWN, PETER R.
Attorney Docket Number	036878.0011

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

45309

☒ Please change the correspondence address for the above-identified application to:

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Customer Number:

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OR

☐ Firm or
Individual Name

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Oliver Wang

Date

Telephone

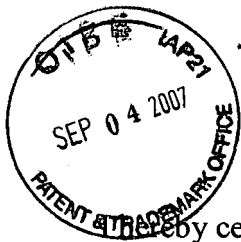
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Sharon L. Hardee
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Date